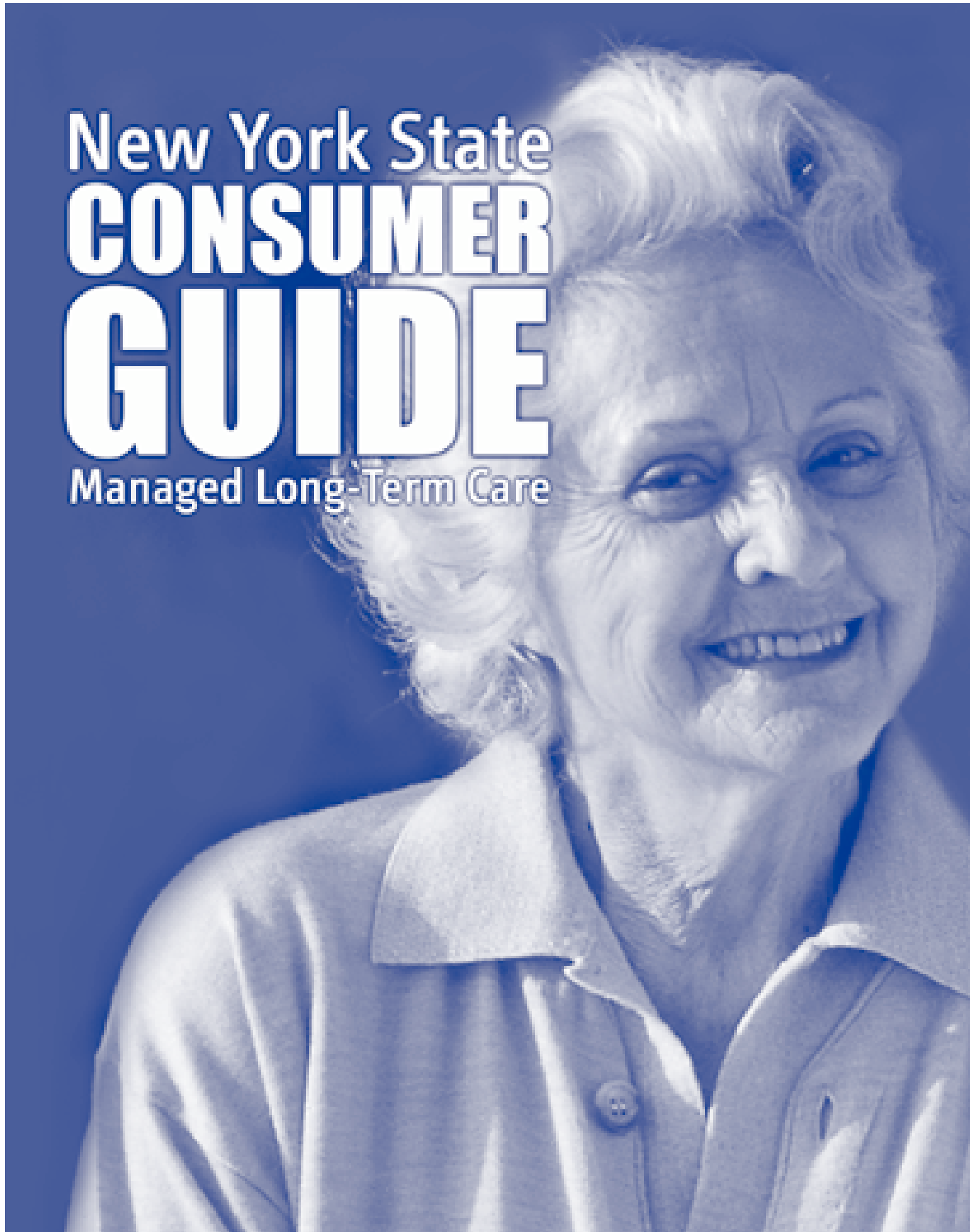


New York State **CONSUMER GUIDE**

Managed Long-Term Care



This Guide is about a program in New York State called **Managed Long-Term Care (MLTC)**. It helps people who need health and long-term care services, like home care and adult day care, stay in their homes and communities as long as possible. The Guide gives you general information about managed long-term care plans in New York State. MLTC plans are only available in some areas of New York State. **At the end of the Guide you will find a list of managed long-term care plans in New York State and the areas they serve. If you are interested in a plan in your area, contact the plan directly at the telephone number provided.**

Managed long-term care plans arrange and pay for services for persons who are chronically ill and/or who have disabilities. All plans accept Medicaid and some plans may accept Medicare or private payment. The New York State Department of Health must approve the plans before they can serve people. The Department oversees access to and quality of services arranged and paid for by the plans, and will be examining how well the plans work.



If you have questions about managed long-term care you can call the New York State Department of Health, Bureau of Continuing Care Initiatives at 1-866-712-7197 or by writing to the New York State Department of Health at: Empire State Plaza, Corning Tower, Room 2084, Albany, New York 12237.

(Oral translation services for this Guide are available free of charge.)

OVERVIEW

What Important Points Do I Need To Know About Managed Long-Term Care Plans?

- **A large selection of services is offered through a MLTC plan:**

A MLTC plan arranges and pays for a large selection of health and social services. The plans can coordinate and arrange all the services you may need. Some services you could receive are not usually paid through Medicaid. Each MLTC plan arranges and pays for a set of specific services called “covered services” described on pages 4 and 5 of this Guide and are listed in the plan’s member handbook. You may receive the covered services as long as services are medically necessary, that is, they are needed to prevent or treat your illness or disability.

- **Translation and language assistance services are available from any plan free of charge.**

- **The MLTC Plan will provide you with a care manager:**

The plan will provide a care manager or care management team for you. The care manager or care management team will be a key contact while you are in the plan, and will work with you and your doctor to decide the services you need and develop a care plan. The care plan is a written description of your services and how they will be provided. The plan can also arrange appointments for any services, inside or outside of the plan, and will arrange and pay for necessary transportation to those services.

- **You must choose service providers from the MLTC Plan for covered services.**



You can get a complete listing of the plan's network of service providers, and the languages they speak from the plan. If the service you need is covered by the plan, you must choose a provider from the plan's list of providers.

If the plan does not cover a service, you may continue to choose your own provider and use your Medicare and/or Medicaid card to obtain that service. Before you enroll, go over the list of network providers given to you by the plan to make sure the network meets your needs.

Remember:

- **You must have the approval of your doctor, care manager or care management team to receive covered services.**
- **You must receive all covered services through providers who work with the plan (known as the network of providers). This will include physician services if the plan covers physician services.**
- **Each plan has the names, locations and telephone numbers of providers who speak languages other than English. Contact a plan in your area to get this information.**



Becoming a Member of a Managed Long-Term Care Plan

Before you join or enroll in a managed long-term care plan, the plan is required to provide you with a **member handbook**. The member handbook explains the plan's specific services, policies, and your member rights and responsibilities. **You should review the plan's member handbook and ask questions before enrolling in the plan.**

Do I Have to Enroll in a Managed Long-Term Care Plan?

Enrolling in a MLTC plan is voluntary; joining is NOT required. If you are eligible, you can choose to enroll in a MLTC plan rather than receive long-term care services in other ways.

Who Can Join or Enroll in MLTC?

You may join a MLTC plan if you:

- have a chronic illness or disability that makes you eligible for services usually provided in a nursing home;
- are able to stay safely at home at the time you join the plan;
- are expected to need long-term care services from the plan for at least 120 days;
- meet the age requirement of the plan (which is either 21, 55 or 65, depending on the plan);
- live in the area served by the plan;
- have or are willing to change to a doctor who is willing to work with the plan; and
- have a way of paying that is accepted by the plan.

What Services are Covered by MLTC Plans?

Covered services are different depending on the plan you choose and which plans are available in your area. **All MLTC plans arrange and pay for the following health and long-term care services (as long as they are medically necessary):**

- Care Management
- Home care, including Nursing, Home Health Aide, Occupational, Physical and Speech therapies





- Optometry/Eyeglasses
- Dental Services
- Rehabilitation Therapies
- Audiology/Hearing Aids
- Respiratory Therapy
- Nutrition
- Medical Social Services
- Personal Care (such as assistance with bathing, eating, dressing, etc.)
- Podiatry (foot care)
- Non-emergency transportation to receive medically necessary services
- Home Delivered and/or meals in a group setting (such as a day center)
- Medical Equipment
- Social Day Care
- Prostheses and Orthotics
- Social/Environmental Supports (such as chore services or home modifications)
- Personal Emergency Response System
- Adult Day Health Care
- Nursing Home Care

In addition to the services listed above, some MLTC plans also cover other services that include those listed below:

- Inpatient Hospital Services
- Primary Care and Specialty Doctor Services
- Outpatient Hospital/Clinic Services
- Laboratory Services
- X-Ray and other Radiology Services
- Chronic Renal Dialysis
- Emergency Transportation
- Mental Health and Substance Abuse Services
- Prescription and Non-Prescription Drugs
- Medical Supplies

How Does MLTC Affect Medicaid and/or Medicare Coverage?

If a service is usually covered by Medicaid and/or Medicare, but is not covered by the MLTC plan, you can continue to receive the service outside of the plan using your Medicaid or Medicare card.

MLTC plans may arrange and pay for services such as social day care or home delivered meals that are not usually paid for by Medicaid or Medicare. You do not lose any of your regular Medicaid or Medicare benefits if you join a managed long-term care plan.

Remember:

- Check the plan's member handbook for a listing of covered services.
- If a service is usually covered by Medicaid and/or Medicare, but is not covered by the MLTC plan, you can continue to receive this service outside of the plan using your Medicaid or Medicare card.
- Your MLTC care manager can help you to get services outside of the plan.



How Do I Join or Enroll in a Managed Long-Term Care Plan?

To begin the process of enrolling in a MLTC plan, you or someone on your behalf (family, friend, doctor), contacts a MLTC plan in your area. A staff person from the plan makes one or more visits to your home to:

- explain the rules and responsibilities of plan membership;
- determine your eligibility for the plan;
- give you a copy of the member handbook and provider network;
- assist you with completing the enrollment application and agreement;
- assist you with completing a Medicaid application, if needed;
- help you choose providers from the network of providers associated with the plan;
- set up a care plan with you by discussing your needs, and
- answer any questions you may have.

The plan will involve family members or other persons who you would like to be involved in your care. The care manager also will speak with your doctor about your care and services.

Enrollment applications for Medicaid recipients (and some people who are private pay) will be reviewed by the Local Department of Social Services (LDSS), or in New York City, the Human Resources Administration (HRA), to be sure you are eligible to join the plan. If you are eligible, the plan must accept you. If you are denied enrollment and wish to question this decision, your rights will be explained to you.

MLTC Payment

Who Pays for Managed Long-Term Care Services?

- All plans accept Medicaid. You may have to pay a monthly spend down (sometimes called a surplus) to the plan to be eligible for Medicaid. For more information about payment to the plan or Medicaid eligibility, you should review the member handbook and consult with the LDSS or HRA.
- Some plans accept Medicare or you may pay privately.
- The MLTC plan receives a set payment per month from Medicaid (or you, if you pay privately) and Medicare, if the plan participates, regardless of the amount or type of services you receive from the plan that month. This payment system is called “capitation”.

Remember:

- You can get more information about payment options by calling a plan in your area directly or through your Local Department of Social Services.

Leaving The Plan

How Do I Leave Or Disenroll From The Plan?

You may request, at any time, to leave or disenroll from the plan. Disenrollment is the process of leaving the plan and transferring to regular Medicaid and/or Medicare or another MLTC plan. The disenrollment will happen as soon as possible. If you are a Medicaid recipient, the LDSS or HRA must process your disenrollment. This can take 2-6 weeks. The MLTC plan must continue to arrange services for you until the disenrollment takes place, and must also help you transfer to other long-term care services.

Can A MLTC Plan Disenroll Me Without My Permission?

A plan may disenroll you without your permission for certain reasons. These include, but are not limited to:

- moving outside the plan's service area;
- no longer requiring nursing home level of care;
- behaving in a way that prevents that plan from providing the care you need, or;
- failing to pay money owed to the plan.

If you need nursing home placement and are not eligible for institutional Medicaid, you will also be disenrolled from the plan.

If the plan tells you it will disenroll you, and you disagree with this decision, your rights will be explained to you.



Complaints or Compliments

Where Do I Complain if I Am Not Happy With the Plan or have been Denied Service?

The member handbook will explain about your right to complain about the plan. If you are not happy with care or services or have been denied a service by the plan, you may file a complaint with the plan. Each plan must review and respond to your complaints and concerns. Medicaid or Medicare may also be involved in hearing your complaint. You may also complain to the New York State Department of Health at any time.

How Do I Let The Plan Know How My Care Is Going?

The member handbook has telephone numbers of staff at your plan to call with either compliments or concerns. The MLTC plan also may send you a survey and ask your opinions about your care. When you answer this survey, it helps the plan to know what it is doing well and if there is anything that needs to be improved.

Your Rights and Responsibilities as a Member of a MLTC Plan

What Rights Do I Have If I Join a MLTC Plan?

You will be given a list of rights with your member handbook.

Your rights, at a minimum, include the right to:

- receive medically necessary care;
- timely access to care and services;



- privacy about your medical record and when you get treatment;
- get information on available treatment options and alternatives presented in a manner and language you understand;
- get information in a language you understand; you can get oral translation services free of charge;
- get information necessary to give informed consent before the start of treatment;
- be treated with respect and dignity;
- get a copy of your medical records and ask that the records be amended or corrected;
- take part in decisions about your health care, including the right to refuse treatment;
- be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- get care without regard to sex, race, health status, color, age, national origin, sexual orientation, marital status or religion;
- be told where, when and how to get the services you need from your managed long-term care plan, including how you can get covered benefits from out-of-network providers if they are not available in the plan network;
- complain to the New York State Department of Health or your Local Department of Social Services, the right to use the New York State Fair Hearing System or in some instances request a NYS External Appeal;
- appoint someone to speak for you about your care and treatment, and
- make advance directives and plans about your care.



What Are My Responsibilities If I Join MLTC?

You have responsibilities to:

- use providers who work with the plan for covered services;
- get approval from your doctor, care manager or care management team before receiving a covered service;
- tell the plan about your care needs and concerns;
- notify the plan when you go away or out of town, and
- make all required payments to the plan.

Managed Long Term Care Plans in New York State

Information Current as of January, 2006

New York City

Name/ Sponsor	Mailing Address/ Phone Number	Service Area by County	Age Requirements	Payment Accepted
Comprehensive Care Management (Beth Abraham Family of Health Services)	612 Allerton Avenue Bronx, New York 10467 (718) 515-8600 (877) 226-8500	Bronx, New York (Manhattan), Westchester and Kings (Brooklyn)	55 and older	Medicaid Medicare Private Pay
CarePlus Connections (AMERIGROUP Corp.)	21 Penn Plaza 360 West 31st Street New York, New York 10001 (877) 692-8669	New York City (All boroughs)	21 and older	Medicaid
CO-OP Care Plan (Hebrew Hospital Home)	801 CO-OP City Blvd. Bronx, NY 10475 (888) 830-5620 (718) 678-1600	Bronx	21 and older	Medicaid
GuildNet (The Jewish Guild for the Blind)	15 West 65th Street 4th Floor New York, New York 10023-6694 (800) 932-4703 (212) 769-7855	Bronx, Kings (Brooklyn), New York (Manhattan) and Queens	21 and older	Medicaid
HomeFirst, Inc. (Metropolitan Jewish Health System)	6323 Seventh Avenue Brooklyn, New York 11220 (877) 771-1119	Kings (Brooklyn), New York (Manhattan) and Queens	65 and older	Medicaid

Managed Long Term Care Plans in New York State

Information Current as of January, 2006

New York City

Name/ Sponsor	Mailing Address/ Phone Number	Service Area by County	Age Requirements	Payment Accepted
Independence Care System (Cooperative Home Care Associates)	257 Park Avenue South, 2nd Floor New York, New York 10010-7304 (212) 584-2500	Bronx, New York (Manhattan) Brooklyn	21 and older	Medicaid
Senior Health Partners (Mt. Sinai Hospital, Jewish Home and Hospital, Metropolitan Council on Jewish Poverty)	4 East 107th Street New York, New York 10029 (800) 633-9717 (212) 427-2600	New York (Manhattan)	55 and older	Medicaid Private Pay
VNS CHOICE (Visiting Nurse Service of New York)	5 Penn Plaza 11th Floor New York, New York 10001 (888) 867-6555 (212) 609-5600	New York City (All Boroughs)	65 and older	Medicaid

Managed Long Term Care Plans in New York State

Information Current as of January, 2006

Rest of New York State

Name/ Sponsor	Mailing Address/ Phone Number	Service Area by County	Age Requirements	Payment Accepted
Comprehensive Care Management (Beth Abraham Family of Health Services)	612 Allerton Avenue Bronx, New York 10467 (718) 515-8600 (877) 226-8500	Bronx, New York (Manhattan), Westchester, Kings (Brooklyn)	55 and older	Medicaid Medicare Private Pay
Eddy Senior Care (Northeast Health)	504 State Street Schenectady, New York 12305 (518) 382-3290	Albany (Not all of county) Schenectady (Not all of county)	55 and older	Medicaid Medicare Private Pay
Elant Choice (Elant Inc.)	6 Harriman Drive Goshen, New York 10924 (877) 255-3678 (845) 569- 0500	Orange	21 and older	Medicaid Private Pay
Health Partners of New York (Long Island Home)	400 Sunrise Highway Amityville, New York 11701 (516) 336-2000	Nassau Suffolk	21 and older	Medicaid
Independent Living for Seniors (Via Health)	2066 Hudson Avenue Rochester, NY 14617 (585) 922-2800	Monroe (Not all of county)	55 and older	Medicaid Medicare Private Pay

Managed Long Term Care Plans in New York State

Information Current as of January, 2006

Rest of New York State

Name/ Sponsor	Mailing Address/ Phone Number	Service Area by County	Age Requirements	Payment Accepted
PACE CNY (Loretto Rest Nursing Home, Inc.)	Sally Coyne Center for Independence 100 Malta Lane North Syracuse, New York 13212 (877) 208-5284 (315) 452-5800	Onondaga	55 and older	Medicaid Medicare Private Pay
Partners in Community Care (Fidelis Care)	400 Rella Boulevard Suite 211 Suffern, New York 10901 (800) 688-7422	Orange Rockland	21 and older	Medicaid
Senior Network Health, LLC (Mohawk Valley Network, Inc.)	2521 Sunset Avenue, Utica, New York 13502 (888) 355-4764 (315) 624-4545	Oneida Herkimer	65 and older	Medicaid Private Pay
Total Aging in Place Program (Weinberg Campus, Inc.)	461 John James Audubon Parkway Amherst, New York 14228 (716) 250-3100 (866) 888-8185	Erie (Not all of county)	55 and older	Medicaid Private Pay

Notes

